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FORM 3X

Office

Use

Only

FE6AN026

REPORT OF RECEIPTS

For Other Than An Authorized Committee

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FEC FORM 3X

Rev. 12/2004

1. NAME OF COMMITTEE (in full)			Example: If typing, type over the lines.										
1	NOIANA RE	PUBLICAN	VASSEMBLY, SUPER PAC										
Ш													
ADI	PRESS (number and street)	1PO BOX	72										
F73*		BEECH 6	SROVE IN 1461071-										
2.	FEC IDENTIFICATION N	UMBER ▼	CITY ▲ STATE ▲ ZIP CODE ▲										
	c 005224	14	3. IS THIS NEW AMENDED (N) OR (A)										
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election										
	(a) Quarterly Reparts:	1.20.1	Year Only)										
	April 15 Quarterly Report (6 July 15 Quarterly Report (6	(c) 12-Day PRE-Electi	Primary (12P) General (12G) Runoff (12R)										
	October 15 Quarterly Report (Report for	the: Convention (12C) Special (12S)										
	January 31 Year-End Report (YE)	Election on State of										
	July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Elect Report for	Comp.										
	Termination Report (TER)	•	Election on State of										
5.	Covering Period 0	7 ′ 0 ° (′ 2	2013 through 09130 2013										
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Type or Print Name of Treasurer													
Sig	nature of Treasurer	1 at	N mean Date 70 15 2013										
NO.	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.												